



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	08-07-2006
Subchapter:	1	Forms	
Issuance:	11.45	CP&P Form 11-45, Adolescent Substance Abuse Assessment Referral Form	

Click here to view or print CP&P Form [11-45](#), Adolescent Substance Abuse Assessment Referral Form.

CP&P Form 11-45: **Instructions**

08-07-2006

PURPOSE AND USE

CP&P Form 11-45, Adolescent Substance Abuse Assessment Referral Form, is used by the CP&P Worker to refer a CP&P-involved adolescent for a complete substance use or abuse assessment, to determine:

- If the adolescent has a substance use or abuse problem
- The level of severity of the adolescent's substance use or abuse
- The level of care the adolescent requires to appropriately treat the substance use or abuse problem

The referral is made when:

- The adolescent's alleged substance use or abuse poses an imminent risk of harm to the adolescent
- The adolescent's alleged substance use or abuse places the other children in the home, the parents, or other adults in the home at risk of harm
- A referral has been made from a court or from the adolescent's school alleging neglect and saying the adolescent needs substance abuse treatment

See [CP&P-IV-A-4-200](#), Referrals from School Regarding Substance Abuse, and a Parent's Failure to Re-Enroll Child, and [CP&P-II-E-1-2600](#), Medical Neglect, for policies and procedures regarding substance use or abuse referrals from the schools.

INSTRUCTIONS FOR COMPLETING THE FORM

CP&P Form 11-45, Adolescent Substance Abuse Assessment Referral Form, may be printed utilizing the on-line Forms Manual.

Part I of CP&P Form 11-45, Adolescent Substance Abuse Assessment Referral Form, is completed by the Worker.

Part II is completed by the Worker and Supervisor.

Part III is completed by the Gatekeeper/Liaison.

In Part IV, Signatures, the Worker, Supervisor, Casework Supervisor, CP&P Gatekeeper/Liaison and Treatment Provider Counselor sign and date the form. In transfer cases, if a new Worker has been assigned, then the new Supervisor or new Casework Supervisor signs and dates the form.

Note: If a case is being transferred and the new Worker has not been assigned, then the previous Supervisor completes Parts I and II, and signs and dates the form in Part IV.

The Worker completes PART I as follows:

Identifying Information

Date referred: Enter the date of the referral to the community-based substance abuse treatment provider.

Name of agency: Enter the complete name of the community-based substance abuse treatment provider.

Address: Enter the address of the community-based substance abuse treatment provider, giving street or P.O. Box, city, state, and zip code of the provider.

Current case status: Check whether the case is still being investigated or being assessed, has been transferred to a Permanency Worker, or is in the process of being transferred. If the adolescent has an Investigator and a Permanency Worker, check both boxes.

Name of adolescent allegedly using or abusing substances: Enter the first, middle (if any), and last name of the adolescent using or abusing substances.

Sex: Check the appropriate box.

Birth date: Enter the adolescent's date of birth, noting the month, day, and 4 digit year.

Case ID #: Enter the adolescent's assigned case identification number, if any.

Person ID/Member #: Enter the adolescent's assigned person identification number, if any, and his or her member number.

Name of Local Office: Enter the name of the Local Office from which the referral is being made.

Address: Enter the street or P.O. Box, city, state, and zip code of the Local Office.

Worker: Enter the name of the assigned Worker.

Telephone/Ext.: Enter the Worker's direct telephone number, including area code and extension.

Supervisor: Enter the name of the assigned Supervisor.

Telephone/Ext.: Enter the Supervisor's direct telephone number, including area code and extension.

Name of health insurance, including Medicaid, and ID #: Enter the name of the adolescent's health insurance, including Medicaid, and insurance identification number, if known.

Address where adolescent is living: Enter the street, city, state, and zip code, where the adolescent is living.

Placement? Enter a check mark in the appropriate box to indicate the adolescent's placement status at the time of the referral.

If placed, what was the date of initial placement? Enter the date the adolescent was initially placed. Important: This date is used for Adoption and Safe Families Act (ASFA) purposes to determine if the adolescent has been in placement for 15 of the past 22 months.

Mother/Telephone/Address: Enter the first, middle initial (if any), and last name, telephone number, and address of the mother of the adolescent under supervision in the case.

Father/Telephone/Address: Enter the first, middle initial (if any), and last name, telephone number, and address of the father (if known), of the adolescent under supervision in the case.

Name of caregiver(s) or legal guardian(s) (if adolescent not living with parents): Enter the first, middle initial (if any), and last name, of the caregiver(s) or legal guardian(s), if the adolescent is not living with his or her parents.

Address: Enter the street, city, state, and zip code, of the caregiver(s) or legal guardian(s).

Telephone/Ext.: Enter the direct telephone number, including area code and extension of the caregiver(s) or legal guardian(s).

Temporary Assistance for Needy Families/General Assistance eligible? Check "yes" or "no" to indicate verification of client's eligibility for Temporary Assistance for Needy Families (TANF)/General Assistance (GA) benefits.

TANF/GA #: Enter the TANF/GA identifying case number, if known.

Siblings' names/ages: List the full names and ages of the siblings of the adolescent for whom the referral is being made.

In-Home/Out-of-Home: Enter a check mark in the appropriate box next to each sibling's name to indicate the sibling's placement status at the time of referral.

Date of initial placement: Enter the date the sibling was initially placed. Important: This date is used for Adoption and Safe Families Act (ASFA) purposes to determine if the sibling is in placement for 15 of the past 22 months.

Education

Name of school currently attending: Enter the full name of the school the adolescent is currently attending.

Grade level: Enter the adolescent's grade level; during the summer, note the grade the adolescent will enter in the fall.

Address: Enter the street or P.O. Box, town or city, state, and zip code of the school the adolescent is currently attending.

School contact: Enter the first and last name of the school staff member designated as the school contact for the school the adolescent is currently attending.

Telephone/Ext.: Enter the telephone number, area code, and extension for the designated school contact.

Adolescent classified? Enter a check to indicate if the adolescent is classified.

Classification: Enter the classification.

Individualized Education Program: Enter a check to indicate if the adolescent has a current Individualized Education Program (IEP).

Medical

Does the adolescent have any history of violent crimes or psychiatric hospitalization? Check the appropriate box.

DSMIV Diagnosis Axis I: If the adolescent has been diagnosed, give the recorded Diagnostic and Statistical Manual of Mental Disorders, Diagnosis Axis I code of the clinical disorder (substance use disorder) and name.

Is the adolescent taking any medications? Check the appropriate box. If "yes" is noted, list all current medications the adolescent is taking including prescribed and over-the-counter medications, giving the name, dosage, and frequency of the medications taken. Include supplements and vitamins, if known.

Court Involved

Is the adolescent court-involved? Check "yes" or "no" to indicate if the adolescent is in litigation or court-involved (e.g., CP&P has gone to court or the court is ordering CP&P to coordinate substance abuse assessment and treatment for the child).

Is the treatment court ordered? Check "yes" or "no" to indicate if the substance abuse treatment is court ordered.

If yes, what are the charges/offenses? Enter what charges are listed on the court order mandating treatment.

Name of adolescent's Probation Officer: Enter the first and last name of the assigned Probation Officer.

Telephone/Ext.: Enter the telephone number, area code, and extension for the assigned Probation Officer.

PART II (Completed by Worker and Supervisor) **Reason for Referral**

Type(s) of substance(s) reported/alleged and duration of use: List the names of the alleged/reported substance(s) and the amount of time (i.e., months, years) the adolescent indicates he or she has been using them. If time of use differs, list substances separately. Use the National Institute on Drug Abuse (NIDA) chart which is attached to the form on pages 3 and 4 to identify substances.

Level of cooperation with treatment by adolescent: Check the appropriate term describing how willing the referred adolescent is to enter treatment.

Has the parent/caregiver/guardian agreed to participate in treatment: Check the appropriate box indicating if the parent/caregiver/guardian has agreed to participate in treatment.

Availability for appointments: Note whether the adolescent and his or her parent, and/or caregiver or guardian are available for appointments, listing the days, evenings, and times. Also include information for the parent, if the adolescent is not living with his or her parent and the parent will be involved in treatment for reunification with the adolescent.

Summary of why adolescent needs substance abuse treatment (relevant to alleged substance use or abuse): Enter the reason for the referral and any pertinent substance abuse case information that may be helpful to the community-based substance abuse treatment provider in conducting the substance abuse assessment.

Previous substance abuse treatment history (include agency name and address): Enter the name and address of all agencies where the adolescent has previously obtained substance abuse treatment. Explain briefly the assessment/diagnosis, what treatment was provided, and how and when treatment was terminated (i.e., left and treatment not completed, successfully terminated, etc.).

Provide psychiatric/psychological assessment, if completed in the last twelve months: Attach to the referral, if available.

Check, if reports attached/Identify: Check the box if reports are attached and identify (e.g., previous substance abuse treatment, school incident report, psychological or psychiatric report).

Part III (Completed By Gatekeeper/Liaison)

Telephone/in-person conference held with Worker and/or Supervisor regarding the referral? Check the appropriate box.

Results of Conference: Enter a statement to summarize the conference, the decisions made, and the reasons supporting the decisions.

PART IV

SIGNATURES

CP&P Worker/Date: The assigned CP&P Worker signs and dates the form and forwards it to his or her Supervisor.

CP&P Supervisor/Date: The assigned CP&P Supervisor reviews, signs, and dates the form to approve it, and forwards it to the CP&P Casework Supervisor.

OR

For Transfer Cases: If a case is being transferred (e.g., from investigation to permanency supervision, unit to unit, Worker to Worker) the previous Supervisor reviews, signs, and dates the form and forwards it to the previous Casework Supervisor.

If a new Worker is assigned, then the new Supervisor or Casework Supervisor reviews, signs, and dates the form. If signed by the Supervisor, he or she forwards the form to the Casework Supervisor. If signed by the Casework Supervisor, he or she returns the form to the CP&P Worker who forwards it to the CP&P Gatekeeper/Liaison.

CP&P Casework Supervisor/Date: The assigned CP&P Casework Supervisor reviews, signs, and dates the form to approve it, and returns it to the CP&P Worker who forwards it to the CP&P Gatekeeper/Liaison.

CP&P Gatekeeper/Liaison/Date: The CP&P Local Office staff member assigned as the Gatekeeper/Liaison reviews the referral, assists the CP&P Worker if needed, and then signs and dates the form and returns the form to the Worker. The CP&P Worker forwards the referral to the substance abuse treatment provider.

Treatment Provider Counselor/Date Received/Appointment Date and Time: The counselor from the community-based substance abuse treatment agency signs and dates the form upon receipt, notes the appointment date and time for the adolescent use or abuse assessment on the form, and then sends a copy to the CP&P Worker for the case record.

DISTRIBUTION

Original	-	Community-based substance abuse treatment provider
Copy	-	Adolescent's case record